

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34496

State File No.

BIRTH NO.		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>4452</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City</u> <u>0950</u>			
c. LENGTH OF STAY (In this place) <u>1 Year</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Benjamin</u>		b. (Middle) <u>-</u>		c. (Last) <u>Gover</u>	
4. DATE OF DEATH		(Month) <u>Oct</u>		(Day) <u>10</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 8, 1874</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Clair Co; Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Levi M. Gover</u>		13b. MOTHER'S MAIDEN NAME <u>Melinda Jane Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Emma D. Gover Lowry City</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Gover Lowry City Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Past history of Carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7-22-50</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lowry City Mo. St. Clair Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>1949</u> , to <u>Oct 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 10</u> , 19 <u>50</u> , and that death occurred at <u>7:20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Seeger</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Lowry City Mo.</u>		23c. DATE SIGNED <u>10-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Iconium</u>		24d. LOCATION (City, town, or county) (State) <u>Iconium Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 10 - 50</u>		REGISTRAR'S SIGNATURE <u>J. B. Seeger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Seeger</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED // -3-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-3-50

MAR 7 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address *Piscataway NJ*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.